

## Preferred Drug List (PDL) Changes Effective Dec. 17, 2008

The Pharmacy and Therapeutics (P&T) Committee of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy completed the annual review of the Preferred Drug List (PDL) at the P&T's meeting held on Sept. 25, 2008. The actions taken by the committee are listed below.

The complete PDL is posted on the ["Preferred Drug List"](#) webpage.

**All changes are effective Dec. 17, 2008:**

Drug Class	Drugs Added	Drugs Removed	Drugs Reviewed But Not Added
Antibiotics: Quinolones 3rd Generation	Levaquin® (Limited to 5-day supply per prescription)	None	None
Anti-Migraine Agents: Triptans	None	None	Treximet®
Intranasal Rhinitis Agents**	Astelin® Atrovent®	None	Patanase®*
Ophthalmic Glaucoma Agents	Travatan Z®	Lumigan® (Existing patients will be grandfathered)	None
Urinary Tract Antispasmodics	Sanctura XR®	None	None

\* If claims history includes Astelin® in the past 90 days, PA will not be required.

\*\* This drug class was previously referred to as "Respiratory: Nasal Corticosteroids."

